

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:
03-006

2. STATE
Wisconsin

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
04/01/04

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.200

7. FEDERAL BUDGET IMPACT:

a. FFY 2003

\$0K

b. FFY 2004

\$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 16d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, Pages 16d and 16e

10. SUBJECT OF AMENDMENT:

School based services rate methodology

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mark B. Moody

14. TITLE:

Administrator, Division of Health Care Financing

15. DATE SUBMITTED:

06/02/04

16. RETURN TO:

Mark B. Moody

Administrator

Division of Health Care Financing

1 W. Wilson St.

P.O. Box 309

Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

8/12/04

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

RECEIVED

JUN 14 2004

DMCH - MCH

28. School-Based Services

Reimbursement will be statewide contract rates using uniform fees for each type of service such as, but not limited to: occupational therapy, speech therapy or nursing services. This contract rate will account for the resources necessary to deliver services including overhead costs. Consistent use of the statewide expenditure data will avoid duplication of direct and indirect cost categorization.

The statewide contract rates will be based on:

- Cost and utilization data provided by all state school districts to the Department of Public Instruction;
- Surveys of a cross section of school districts to establish the number of service units and the time necessary to provide them, some cost and related information; and
- Information on private sector providers of the same types of service.

Contract rates will be based on statewide cost and utilization data provided by the Department of Public Instruction. Additional data from other sources will be used as necessary.

From the inception of the school-based services benefit to date, the non-federal share of expenditures for these services has been composed of expenditures of state and local funds by local educational agencies (LEAs), certified by the LEAs to the State Medicaid Program as public expenditures for Medicaid covered services. The Department will submit a state plan amendment with an effective date no later than July 1, 2005, establishing a new reimbursement methodology and a new method of funding the non-federal share of payments for school-based services, and this section will sunset at that time.

TN # 03-006
Supersedes
TN # 99-003

Approval Date AUG 12 2004

Effective Date 4-1-04